

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

7811 DET 29 D 1: 50
ity or Town Clerk or Election Commission Please print or type all information, except signatures.
Fill in dates: Reporting Period Beginning 12 - 31 - 20010 Ending 10 - 29 - 2007
Type of report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election 9year-end report 6dissolution
Full Name of Candidate (if applicable) Camb. School Commy Hele Office Sought and District Sesidential Address Fill No. (optional) Fill No. (optional) Fill No. (optional) Fill No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Citizens Bank.
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink) Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:

Candidate signature (in ink)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only themize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
907	432 Nerfolkst 1 H 02143	75	60	
9/07	Edward Becker 144 Oaktand St 02481	100	c e	
9/07	Paul Berman 13808 lywood Ln 20904	250	ce	- Protessor 3/26/08 KAM
007	g Gerry St. 02138	200	r.r.	Dusiness Man
0/07	Jean character 15 Leongra Ave 02139	100	00	
10/07	Wenterne Ct + 146 02139	100	ce	
10/07	William Dovenpert 34 Lexington Ave 02144	200	eс	Lawyer Retired
9/07	Ocean Davisson 2730 Pinest 19103	250	c o	American Friends Service Committee Organizer 1501 Cher Philip PA
9/07	Charlotte Harrison	500	00	Student Harrard Vn
9/07	Mary Hart 13 Hollis St 02140	100	0.0	
5/07	Newell Henricks 2 Pice Cr. 02146	400		Self-Employed 2 Five Crocle Musicia L Cambridge W
9/07	14 LOCKEST 02146	100		2388
10/07	Gogal Kadagathar 35 Printiss St. 02146	200	ec	Engineer, Advanced Engineering, Imperintered 35 prentiss St.
10/07	Jehn Kosko 16 Griswald St 02138	200	ce	Retired 3/24/08 KAM
9/07	Lynn Lazar 4 Gerham St. 02138	100	e (
The second second	Total receipts in excess of \$50 (or listed above)			
-	Total receipts \$50 and under* (not listed above)			E2180 0243E4 VAv
Line 11:	TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

[•] If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

22-5

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only tumize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	Name and Residential Address	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
9/07	Seven Let 141 Oxford St 02146	100	C4	
10/07	David Leslic	(00	00	
10/07	Dave Lewitt 21 Oprtmouth St 2H 62H6	(06	0.0	
10/07	& Wanstyma Rd. 0438	100	ce	
9/07	13, Reberts Rd CL138	(00	e c	
9/07	25 My PICAMEN ST	200	c C	Writer/Self-eng
9107	Peter Metersohn 48 Socranento St 02138	100	ec	
10/07	Vintey Monshiggs 12 Lincheln 02472	200	ce	Business Mar.
9 07	David Oster 4 Irving Terrice 62138	{00}	Co	
(0 67	2A Louist Lanz 02472	100	c+	
10/07	117 Ridy Ave 02146	300	Cc	Lawyer 2 Internation Boston M
9/07	Susania Perte 45 Price St # 3 02/40	Deo	CE	Musicial /self-En
9/07	Mark Schlack 20 Crescent St 02138	100	e 6	
9/07	Mark Schuster 141 0xford St 02146	500	CC	Professiv Cumb Ma
9/07	Weil Schuster 435 Ferry Rd 04672	100	50	
Line 9:	Total receipts in excess of \$50 (or listed above)			
Line 10:	Total receipts \$50 and under* (not listed above)			
Line 11:	TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

[•] If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

2906

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
9/07	Randy Stern 12 Kinward St 02139	75	g c	
9/07	141 Oxfe-1 St OZIHO	200	CG	Professor 48 Quina
9/07	9 Concerd Ave 02138	200	cc	Business Mal OF
10/07	Kristin Trift 300 Summit St Olelole	175	00	Di
9/07	James Wallare 141 Oxford St 02140	200	C a	Retired
9/07	Virginia Wallace 141 Oxtave ST 02140	200	cc	Retired Activist/Unemployare Profesor/Retired
9/07	Elic Yarden 02139	Jeo	cc	Profesor/Retired
10/07	INC SIMELER COLLIO	1470	00	Educator/SCMeme
Line 9:	Total receipts in excess of \$50 (or listed above)	8295	60	
	Total receipts \$50 and under* (not listed above)	1015	0.0	
	TOTAL RECEIPTS IN THE PERIOD	9910	00	Enter on page 1, line 2

[•] If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
8/16/07	Allegra Print &	184 Centre St Newton MA 02458	Printing	144	80
7/17/07	Hillside Press	M2 Green St. Melrose MA 02176	Printing	481	43
1/30/07	Guido's		Catering	840	00
9/7/07	Home Depot	75 Mystic Ave Somewille Mazz 145	Supplies	157	50
	Lelieure Database		Software	400	00
9/17/07.	Leone's Subs		Food	147	00
9/17/07	Market Basket	HOO Scherrille Ave Somerville MA 02143	Food	51	21
9/11/07	Micro Center	730 Memorial Dr. Cambridge MA 02135	Supplies	188	97
9 6 07	PIRO Printers	483 Medford St Somerville MA 02145	Printing	1044	75
9/15/07	13.	*1	3-8	803	25
10/26/67	13	43	ē	1050	00
7/11/07	arst's & R.A.W.	Suite Blot ozi43	T-shirts	302	25
10	Seven Hills Wine Sor.	208 BLACON S+ Somew: 11-c 02143	Food	551	74
8/15/07	Staples	ST JFKST.	Supplies	93	08
9/11/07	U	Cambridge 02-133)×	57	82
10 24 07	33	11	1,0	62	97
		Line 12:	Expenditures over \$50		
		Line 13:	Expenditures \$50 and under*		_
	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES		

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
9/17/07	Trader Jois	748 Memorial Dr. Cambrilge 02-139	Food	112	41
0/26/07	USPS	Contral square 02139 Fort Point Station	Food Postage	550	٥٥
10/16/07	4.8	02205	TA	175	Oo
7/24/07	144	Parter square	T. E.	78	00
10(23)07	(F	T.	£ A	65	00
8/22/07	18	1.1	4.	98	40
3/22/07	Ü	3.3	V.J.	87	00
3/5/07	(<	tv	v.	78	30
3/16/07	1.e	24079	Di .	287	00
			•		
		T 5 12	Expenditures over \$50	44 i I	116
			Expenditures \$50 and under*	498	11:
	Enter on page 1, line 4	The state of the s	:TOTAL EXPENDITURES	1 10	21

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4